FILED

JAN - 4 2016

CLERK, O-BOLKIET GOURT WESTERN DIETRICAN OF TEXAS

1				
SENDER: COMPLETE THIS SEC	CTION	COMPLETE THIS SEC	TION ON DELIVER	RY
 Complete items 1, 2, and 3. Alsitem 4 if Restricted Delivery is consistent and address of so that we can return the card attach this card to the back of or on the front if space permits Article Addressed to: 124 - Consistent and addres	desired. n the reverse to you. the mailpiece,	A. Signature X B. Received by (Printe) D. Is delivery address d If YES, enter deliver	efce /	Agent Addressee Date of Delivery -31-5 Yes No
Louis Rousset 11802 Hornsby St. Austin, TX 78753				
		3. Service Type Certified Mail Registered Insured Mail	☐ Express Mail ☐ Return Receipt ☐ C.O.D.	for Merchandise
DEC 2 8 2015 RER	R#73	4. Restricted Delivery	(Extra Fee)	☐ Yes
Article Number (Transfer from service label)	7013 1710	0001 9920	7501	
PS Form 3811, February 2004	Domestic Ret	urn Receipt		102595-02-M-154